

Experience Verification Form

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 East 14th St.
Des Moines, IA 50319-0146

Please allow four weeks for processing.

Rev 10/07

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

2. To be completed by administrator

I hereby verify that the above-named applicant served successfully as a teacher or administrator in this school district during the dates indicated below, based on a local evaluation process. (If verifying only substitute teaching, please complete lines d, e, f, and g).

- a) _____ - dates in district, list beginning and ending month and year dates
- b) _____ - specific grade(s) taught or administered
- c) _____ - subject area / disability area / or administrative area
- d) _____ - school district/ college
- e) _____ - city
- f) _____ - state, if other than Iowa
- g) _____ - days in district, of only substituting

Signature of Administrator Date

Typed Signature of Administrator Telephone #: _____ - _____
Area Code

NOTE: Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

NOTE TO ADMINISTRATOR: If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.